

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 50 Beale Street  
17-C356  
 Check if different than previously reported. (ACC)  
SAN FRANCISCO CA 94105

2. **FEC IDENTIFICATION NUMBER** C00340364  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karman Chan

Signature of Treasurer Electronically Filed by Karman Chan Date 06 04 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		54336.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	49363.67									
(c) Total Receipts (from Line 19) .....	52068.03	93095.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	101431.70	147431.70								
7. Total Disbursements (from Line 31) .....	35724.00	81724.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65707.70	65707.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	43933.32	68504.92
(i) Itemized (use Schedule A) .....	6134.71	22590.37
(ii) Unitemized .....	50068.03	91095.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	50068.03	91095.29
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	52068.03	93095.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	52068.03	93095.29

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	12500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35724.00	69224.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35724.00	81724.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35724.00	81724.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	50068.03	91095.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50068.03	91095.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth Sean Allen	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 109049 50 Beale Street	<b>Transaction ID:</b> SA11AI.7333
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Distribution per Cycler \$20.00
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis Alva	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 109311 50 Beale Street	<b>Transaction ID:</b> SA11AI.7336
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 239.59
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Contribution per Cycle \$18.43
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 473.18	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tanya Ballow	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7345
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California employee # 108347	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>792.09</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Bret Balousek		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7347
Name of Employer Blue Shield of California		Occupation employee # 115527	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="270.00"/>	<input type="text" value="195.00"/>
			Payroll contribution per cycle \$15.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Tracy Barnes		Date of Receipt
	Mailing Address emp 22076 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7351
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="326.00"/>	<input type="text" value="195.00"/>
			Payroll contribution per cycle \$15.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Benjamin Bell		Date of Receipt
	Mailing Address emp 16357 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7358
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="658.56"/>	<input type="text" value="332.28"/>
			Payroll contribution per cycle \$25.56

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="722.28"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Vivek Bhatia

Mailing Address emp 113173  
50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2007  
Transaction ID: SA11AI.7359  
Amount of Each Receipt this Period 130.00  
Payroll contribution per cycle \$10.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas Biehn

Mailing Address emp 112903, 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2007  
Transaction ID: SA11AI.7360  
Amount of Each Receipt this Period 260.00  
Payroll contribution per cycle \$20.00

**C.** Full Name (Last, First, Middle Initial)  
Bruce Bodaken

Mailing Address emp 16451  
50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 12 / 31 / 2007  
Transaction ID: SA11AI.7361  
Amount of Each Receipt this Period 780.00  
Payroll contribution per cycle \$60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1170.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Shirley Bolden  
 Mailing Address emp 016540, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7362  
 Amount of Each Receipt this Period 125.06  
 Payroll contribution per cycle \$9.62  
 Name of Employer Blue Shield Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.12  
 FEC ID number of contributing federal political committee. **C**

**B.** Full Name (Last, First, Middle Initial)  
 Thomas Borchelt  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7363  
 Amount of Each Receipt this Period 292.50  
 Payroll contribution per cycle \$22.50  
 Name of Employer Blue Shield of California Occupation Employee # 115465  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 405.00  
 FEC ID number of contributing federal political committee. **C**

**C.** Full Name (Last, First, Middle Initial)  
 Gifford Boyce-Smith  
 Mailing Address emp 19629, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7368  
 Amount of Each Receipt this Period 450.00  
 Payroll contribution per cycle \$50.00  
 Name of Employer Blue Shield of California Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1100.00  
 FEC ID number of contributing federal political committee. **C**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **867.56**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Linda Bronson

Mailing Address emp 114382, 50 Beale Street

City State Zip Code  
**San Francisco CA 94105**

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 31 / 2007**

**Transaction ID: SA11AI.7370**

Amount of Each Receipt this Period **195.00**

Payroll contribution per cycle \$15.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas Brophy

Mailing Address emp 114076, 50 Beale Street

City State Zip Code  
**San Francisco CA 94105**

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Cross Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 31 / 2007**

**Transaction ID: SA11AI.7371**

Amount of Each Receipt this Period **260.00**

Payroll contribution per cycle \$20.00

**C.** Full Name (Last, First, Middle Initial)  
William Brown

Mailing Address emp 059004, 50 Beale Street

City State Zip Code  
**San Francisco CA 94105**

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **568.66**

Date of Receipt **12 / 31 / 2007**

**Transaction ID: SA11AI.7372**

Amount of Each Receipt this Period **287.43**

Payroll contribution per cycle \$22.11

**SUBTOTAL** of Receipts This Page (optional) ..... ► **742.43**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Michael-Anne Browne

Mailing Address emp 111514  
50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7373

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

**B.** Full Name (Last, First, Middle Initial)  
Sue Burke

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation employee # 054016

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7374

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

**C.** Full Name (Last, First, Middle Initial)  
Michele Carrillo

Mailing Address emp 112162, 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7376

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **585.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Wendy Cerruti

Mailing Address emp 112821, 50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.7380

Amount of Each Receipt this Period

650.00

Payroll contribution per cycle \$50.00

**B.**

Full Name (Last, First, Middle Initial)  
George R. Chadwell

Mailing Address emp 110628  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield of California Employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 337.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.7381

Amount of Each Receipt this Period

169.65

Payroll contribution per cycle \$13.05

**C.**

Full Name (Last, First, Middle Initial)  
Deborah Chase

Mailing Address emp 114029, 50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.7382

Amount of Each Receipt this Period

260.00

Payroll contribution per cycle \$20.00

**SUBTOTAL** of Receipts This Page (optional) .....

1079.65

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Denise Ciuffo

Mailing Address emp 054063, 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2007

**Transaction ID:** SA11AI.7383

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

**B.** Full Name (Last, First, Middle Initial)  
Theresa Clarke

Mailing Address emp 113787, 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY 12 / 31 / 2007

**Transaction ID:** SA11AI.7384

Amount of Each Receipt this Period 325.00

Payroll contribution per cycle \$25.00

**C.** Full Name (Last, First, Middle Initial)  
Brian Clinch

Mailing Address emp 45006 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Vice President, Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1374.76

Date of Receipt MM / DD / YYYY 12 / 31 / 2007

**Transaction ID:** SA11AI.7385

Amount of Each Receipt this Period 631.11

Payroll contribution per cycle \$38.49

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1086.11

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott E. Coffin	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 111731 50 Beale Street	<b>Transaction ID:</b> SA11AI.7386
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$10.00
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce Cohen	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 095327, 50 Beale Street	<b>Transaction ID:</b> SA11AI.7387
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$20.00
	Name of Employer Occupation Blue Shield employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Cymerys	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 114609, 50 Beale Street	<b>Transaction ID:</b> SA11AI.7391
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$100.00
	Name of Employer Occupation Blue Shield employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1690.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Susan Deleeuw

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation employee # 114798

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 12 / 31 / 2007  
**Transaction ID: SA11AI.7395**  
 Amount of Each Receipt this Period: 292.50  
 Payroll contribution per cycle \$22.50

**B.** Full Name (Last, First, Middle Initial)  
Ann DeRose

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation employee # 113203

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 12 / 31 / 2007  
**Transaction ID: SA11AI.7396**  
 Amount of Each Receipt this Period: 292.50  
 Payroll contribution per cycle \$22.50

**C.** Full Name (Last, First, Middle Initial)  
Tushar Desai

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation employee # 115087

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 382.50

Date of Receipt: 12 / 31 / 2007  
**Transaction ID: SA11AI.7397**  
 Amount of Each Receipt this Period: 292.50  
 Payroll contribution per cycle \$22.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **877.50**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia R. Domenickine	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address emp 111504 50 Beale Street	<b>Transaction ID:</b> SA11AI.7399
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 326.30
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$25.10
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.39	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marjorie Drake	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address emp 56271 50 Beale Street	<b>Transaction ID:</b> SA11AI.7401
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$10.00
	Name of Employer Occupation Blue Shield of California IFP Undewriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Elliott	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7402
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$100.00
	Name of Employer Occupation Blue Shield of California employee # 115549	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1756.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Epstein		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 110249 50 Beale Street		<b>Transaction ID:</b> SA11AI.7405		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 780.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$60.00		
	Name of Employer Blue Shield of California	Occupation Vice President, Public Affairs		Aggregate Year-to-Date 1560.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jacqueline Espinoza		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 50 Beale Street		<b>Transaction ID:</b> SA11AI.7406		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 292.50	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$22.50		
	Name of Employer Blue Shield of California	Occupation employee # 115623		Aggregate Year-to-Date 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathryn M. Ferguson		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 32319 50 Beale Street		<b>Transaction ID:</b> SA11AI.7408		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 195.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Payroll contribution per cycle \$15.00		
	Name of Employer Blue Shield of California	Occupation Employee		Aggregate Year-to-Date 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1267.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Fogelman	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 32239 50 Beale Street	<b>Transaction ID:</b> SA11AI.7409
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 141.18
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$10.86
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 279.56	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Foley	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7410
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 150.34
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$11.44
	Name of Employer Blue Shield of California Occupation employee # 114742 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 241.86	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Gastineau	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7412
	City San Francisco State CA Zip Code 94105	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$40.00
	Name of Employer Blue Shield of California Occupation employee # 115296 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>811.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Geyer	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 42026 50 Beale Street	<b>Transaction ID:</b> SA11AI.7414
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 370.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$25.00
	Name of Employer Occupation Blue Shield of California Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ketan Gima	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 112246 50 Beale Street	<b>Transaction ID:</b> SA11AI.7415
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$50.00
	Name of Employer Occupation Blue Shield of California Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah Gordon	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7416
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California employee # 115621	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 382.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1312.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Grant	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 27417 50 Beale Street	<b>Transaction ID:</b> SA11AI.7419
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$10.00
	Name of Employer Occupation Blue Shield of California Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christy Gregg	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7421
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California employee # 022233	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Melissa Hall	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7424
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California Employee # 115540	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>715.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Harjo	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 16340 50 Beale Street	<b>Transaction ID:</b> SA11AI.7427
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield of California Occupation Employee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Hermosillo	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7433
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee # 114845 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brent Hitchings	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7437
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Blue Shield of California Occupation employee # 115569 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>715.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Helena Hoffman	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 95671 50 Beale Street	<b>Transaction ID:</b> SA11AI.7438
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 143.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$11.00
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stanford Hornbacher	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7439
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California employee # 016615	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Diana Huang	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 114587, 50 Beale Street	<b>Transaction ID:</b> SA11AI.7440
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$10.00
	Name of Employer Occupation Blue Shield employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>565.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Tony R. Ibarra		Date of Receipt
	Mailing Address emp 112981 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7441
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="195.00"/>
		<input type="text" value="390.00"/>	Payroll contribution per cycle \$15.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Marianne Jackson		Date of Receipt
	Mailing Address emp 112372 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7444
Name of Employer Blue Shield of California		Occupation Senior Vice President, Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="750.75"/>
		<input type="text" value="1488.45"/>	Payroll contribution per cycle \$57.75

<b>C.</b>	Full Name (Last, First, Middle Initial) Seth Jacobs		Date of Receipt
	Mailing Address emp 16574 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7448
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="292.50"/>
		<input type="text" value="485.00"/>	Payroll contribution per cycle \$22.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1238.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathryn Jefcoat		Date of Receipt
	Mailing Address emp 95114 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of California		Occupation Director	Transaction ID: SA11AI.7451
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="260.00"/>	<input type="text" value="130.00"/>
			Payroll contribution per cycle \$10.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Johnson		Date of Receipt
	Mailing Address emp 111769 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of California		Occupation Employee	Transaction ID: SA11AI.7452
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="437.75"/>	<input type="text" value="220.35"/>
			Payroll contribution per cycle \$16.95

<b>C.</b>	Full Name (Last, First, Middle Initial) David Joyner		Date of Receipt
	Mailing Address emp 19639 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Blue Shield of California		Occupation Vice President	Transaction ID: SA11AI.7456
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="820.00"/>	<input type="text" value="520.00"/>
			Payroll contribution per cycle \$40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="870.35"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Allison Kawamoto		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7457</b>
Name of Employer Blue Shield of California		Occupation employee # 094997	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 151.19
		<input type="text"/> 244.23	Payroll contribution per cycle \$11.63

<b>B.</b>	Full Name (Last, First, Middle Initial) Tina Kibler		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7459</b>
Name of Employer Blue Shield		Occupation employee # 115267	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 292.50
		<input type="text"/> 405.00	Payroll contribution per cycle \$22.50

<b>C.</b>	Full Name (Last, First, Middle Initial) Yun Kim		Date of Receipt
	Mailing Address emp 109394 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.7460</b>
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 130.00
		<input type="text"/> 260.00	Payroll contribution per cycle \$10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>573.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Heidi Kunz  
 Mailing Address emp 112238  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7462**  
 Amount of Each Receipt this Period 1481.26  
 Payroll contribution per cycle \$114.22  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2940.07

**B.** Full Name (Last, First, Middle Initial)  
 Nora Lam  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7464**  
 Amount of Each Receipt this Period 195.00  
 Payroll contribution per cycle \$15.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation employee # 015642  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

**C.** Full Name (Last, First, Middle Initial)  
 Lisa Lambert  
 Mailing Address emp 062157, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7465**  
 Amount of Each Receipt this Period 130.00  
 Payroll contribution per cycle \$10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1806.26**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Janice Levinsky	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7470
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$15.00
Name of Employer Blue Shield of California	Occupation employee # 111653	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Colleen Lewis	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 113832 50 Beale Street	<b>Transaction ID:</b> SA11AI.7473
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 145.86
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$11.22
Name of Employer Blue Shield of California	Occupation Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.57	

<b>C.</b>	Full Name (Last, First, Middle Initial) Laura Lewis	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7474
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
Name of Employer Blue Shield	Occupation employee # 022384	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.50	

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**633.36**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony Lipp		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7475
Name of Employer Blue Shield of California		Occupation employee # 004138	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="405.00"/>	<input type="text" value="292.50"/>
			Payroll contribution per cycle \$22.50

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Long		Date of Receipt
	Mailing Address emp 109838 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7477
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="422.54"/>	<input type="text" value="219.37"/>
			Payroll contribution per cycle \$15.68

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathleen M. Lucke		Date of Receipt
	Mailing Address emp 111911 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7479
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="656.39"/>	<input type="text" value="333.97"/>
			Payroll contribution per cycle \$25.69

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="845.84"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Michael Lujan  
 Mailing Address emp 112179  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7481**  
 Amount of Each Receipt this Period 325.00  
 Payroll contribution per cycle \$25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

**B.** Full Name (Last, First, Middle Initial)  
 Kathleen Lynaugh  
 Mailing Address emp 109411  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7482**  
 Amount of Each Receipt this Period 390.00  
 Payroll contribution per cycle \$30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

**C.** Full Name (Last, First, Middle Initial)  
 David Lytle  
 Mailing Address emp 109982  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7483**  
 Amount of Each Receipt this Period 220.00  
 Payroll contribution per cycle \$20.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **935.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Elinor Mackinnon		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 113314, 50 Beale Street		<b>Transaction ID:</b> SA11AI.7484		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 650.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$50.00		
	Name of Employer Blue Shield	Occupation employee	Aggregate Year-to-Date ▼ 1197.61		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Fred J. Mann		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 61151 50 Beale Street		<b>Transaction ID:</b> SA11AI.7485		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 130.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$10.00		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date ▼ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Markovich		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 16510 50 Beale Street		<b>Transaction ID:</b> SA11AI.7486		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 1001.00	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$77.00		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date ▼ 1578.06		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1781.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia Mason	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 2508 50 Beale Street	<b>Transaction ID:</b> SA11AI.7488
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$10.00
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Shelley McFarland	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 061236, 50 Beale Street	<b>Transaction ID:</b> SA11AI.7490
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 106.51
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$8.12
	Name of Employer Occupation Blue Shield employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.63	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lorie Merrill	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7492
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield employee # 095447	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>529.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Cathleen Murphy		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address emp 113067, 50 Beale Street		<b>Transaction ID:</b> SA11AI.7497
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Blue Shield	Occupation employee	Payroll contribution per cycle \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

**B.**

Full Name (Last, First, Middle Initial) Jon Murphy		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address emp 112151 50 Beale Street		<b>Transaction ID:</b> SA11AI.7498
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 143.78
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$10.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.16	

**C.**

Full Name (Last, First, Middle Initial) Debbie Naegle		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address emp 16484 50 Beale Street		<b>Transaction ID:</b> SA11AI.7499
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 426.01
Name of Employer Blue Shield of California	Occupation Employee	Payroll contribution per cycle \$32.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 835.47	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	894.79
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Paul Nicknig

Mailing Address 50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation employee # 112383

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.7500

Amount of Each Receipt this Period  
292.50

Payroll contribution per cycle \$22.50

**B.**

Full Name (Last, First, Middle Initial)  
Robert Novelli

Mailing Address emp 111112  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1793.01

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.7501

Amount of Each Receipt this Period  
908.18

Payroll contribution per cycle \$ 69.86

**C.**

Full Name (Last, First, Middle Initial)  
William Panek

Mailing Address emp 18535  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.7503

Amount of Each Receipt this Period  
130.00

Payroll contribution per cycle \$10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1330.68**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Lisa Parks

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation employee # 075551

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 12 / 31 / 2007

**Transaction ID:** SA11AI.7504

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

**B.**

Full Name (Last, First, Middle Initial)  
Diana Reynolds

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee # 115295

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt 12 / 31 / 2007

**Transaction ID:** SA11AI.7513

Amount of Each Receipt this Period 146.25

Payroll contribution per cycle \$11.25

**C.**

Full Name (Last, First, Middle Initial)  
Kathy Richards

Mailing Address emp 109053  
50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2007

**Transaction ID:** SA11AI.7514

Amount of Each Receipt this Period 650.00

Payroll contribution per cycle \$50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1088.75

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Mika D. Riedinger		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 27156 50 Beale Street		<b>Transaction ID:</b> SA11AI.7515		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 220.82	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$18.19		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date 455.19		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen Rinaldi		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 111645 50 Beale Street		<b>Transaction ID:</b> SA11AI.7516		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 160.95	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$12.38		
	Name of Employer Blue Shield of California	Occupation Employee	Aggregate Year-to-Date 319.49		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Thad Roake		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 50 Beale Street		<b>Transaction ID:</b> SA11AI.7517		
	City San Francisco	State CA	Zip Code 94105	Amount of Each Receipt this Period 1667.28	
	FEC ID number of contributing federal political committee. C		Payroll contribution per cycle \$77.72		
	Name of Employer Blue Shield of California	Occupation employee # 115536	Aggregate Year-to-Date 2220.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

**SUBTOTAL** of Receipts This Page (optional) .....

2049.05

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Norvita Robinson  
 Mailing Address emp 111723, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7611  
 Amount of Each Receipt this Period 130.00  
 Payroll contribution per cycle \$10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

**B.** Full Name (Last, First, Middle Initial)  
 Garry Ronco  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7521  
 Amount of Each Receipt this Period 292.50  
 Payroll contribution per cycle \$22.50  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation employee # 115653  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

**C.** Full Name (Last, First, Middle Initial)  
 Mark Sachs  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7523  
 Amount of Each Receipt this Period 195.00  
 Payroll contribution per cycle \$15.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation employee # 114287  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **617.50**  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Joseph Safran  
 Mailing Address emp 109164, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7524**  
 Amount of Each Receipt this Period 260.00  
 Payroll contribution per cycle \$20.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

**B.** Full Name (Last, First, Middle Initial)  
 Lorne Salter  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7526**  
 Amount of Each Receipt this Period 247.50  
 Payroll contribution per cycle \$22.50  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation employee # 115484  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.50

**C.** Full Name (Last, First, Middle Initial)  
 Christopher K. Seides  
 Mailing Address emp 95748  
 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID: SA11AI.7530**  
 Amount of Each Receipt this Period 130.00  
 Payroll contribution per cycle \$10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **637.50**  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) David Seldin	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7531
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$10.00
	Name of Employer Blue Shield of California Occupation employee # 115072 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Sims	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7533
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 195.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$15.00
	Name of Employer Blue Shield of California Occupation employee # 112432 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah Smith	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7534
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 214.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$16.50
	Name of Employer Blue Shield of California Occupation employee # 112636 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 297.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>539.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 57  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Alan Sokolow

Mailing Address 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation employee # 115614

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2007

**Transaction ID:** SA11AI.7535

Amount of Each Receipt this Period 650.00

Payroll contribution per cycle \$50.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Spector

Mailing Address emp 114420, 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 483.60

Date of Receipt 12 / 31 / 2007

**Transaction ID:** SA11AI.7537

Amount of Each Receipt this Period 245.70

Payroll contribution per cycle \$18.70

**C.**

Full Name (Last, First, Middle Initial)  
Nancy Stalker

Mailing Address emp 16479 50 Beale Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Vice President, Pharmacy Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2007

**Transaction ID:** SA11AI.7540

Amount of Each Receipt this Period 390.00

Payroll contribution per cycle \$30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1285.70

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert F. Stephenson

Mailing Address emp 32257  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield of California Employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.7542

Amount of Each Receipt this Period  
130.00

Payroll contribution per cycle \$10.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Stephenson

Mailing Address emp 109942, 50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.7543

Amount of Each Receipt this Period  
130.00

Payroll contribution per cycle \$10.00

**C.** Full Name (Last, First, Middle Initial)  
Mary C. St John

Mailing Address emp 95485  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield of California Employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI.7544

Amount of Each Receipt this Period  
325.00

Payroll contribution per cycle \$25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **585.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Terrance Stover

Mailing Address 50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield of California employee # 115522

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.7545

Amount of Each Receipt this Period

292.50

Payroll contribution per cycle \$22.50

**B.**

Full Name (Last, First, Middle Initial)  
Malcolm Strohson Jr.

Mailing Address 50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield of California employee # 115599

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.7546

Amount of Each Receipt this Period

292.50

Payroll contribution per cycle \$22.50

**C.**

Full Name (Last, First, Middle Initial)  
Lyle Swallow

Mailing Address emp 18612  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Shield of California Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.7547

Amount of Each Receipt this Period

520.00

Payroll contribution per cycle \$40.00

**SUBTOTAL** of Receipts This Page (optional) .....

1105.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles and Anne Sweeris		Date of Receipt																				
	Mailing Address 50 Beale Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	8		2	3		2	0	0	7													
	City	State	Zip Code																				
San Francisco	CA	94105																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7686																					
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1500.00																				
			Political Contribution																				

<b>B.</b>	Full Name (Last, First, Middle Initial) James Taylor		Date of Receipt																				
	Mailing Address emp 112237, 50 Beale Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2		3	1		2	0	0	7													
	City	State	Zip Code																				
San Francisco	CA	94105																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7548																					
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	130.00																				
			Payroll contribution per cycle \$10.00																				

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric Terndrup		Date of Receipt																				
	Mailing Address emp 114199 50 Beale St.		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	2		3	1		2	0	0	7													
	City	State	Zip Code																				
San Francisco	CA	94105																					
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7549																					
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	320.71																				
			Payroll contribution per cycle \$24.67																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1950.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 57

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Ryan Thompson		Date of Receipt
	Mailing Address emp 114592, 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7550
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="195.00"/>
		<input type="text" value="290.00"/>	Payroll contribution per cycle \$30.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis M. Toohey		Date of Receipt
	Mailing Address emp 113255 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7551
Name of Employer Blue Shield of California		Occupation Employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="130.00"/>
		<input type="text" value="260.00"/>	Payroll contribution per cycle \$10.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Joanne Trenam		Date of Receipt
	Mailing Address emp 020511, 50 Beale Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7553
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="130.00"/>
		<input type="text" value="260.00"/>	Payroll contribution per cycle \$10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="455.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Florence VanGeem			Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 108247 50 Beale Street			<b>Transaction ID:</b> SA11AI.7557		
	City San Francisco		State CA	Zip Code 94105		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 268.84		
	Name of Employer Blue Shield of California		Occupation Employee			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 532.78			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Veeneman			Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 50 Beale Street			<b>Transaction ID:</b> SA11AI.7559		
	City San Francisco		State CA	Zip Code 94105		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1083.29		
	Name of Employer Blue Shield of California		Occupation employee # 095413			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2083.25			

<b>C.</b>	Full Name (Last, First, Middle Initial) Conrad Vilafuerte			Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address emp 113903, 50 Beale Street			<b>Transaction ID:</b> SA11AI.7561		
	City San Francisco		State CA	Zip Code 94105		
	FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 130.00		
	Name of Employer Blue Shield		Occupation employee			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1482.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Wadsworth	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 18560 50 Beale Street	<b>Transaction ID:</b> SA11AI.7563
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 273.30
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$18.33
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.44	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter Walker	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address emp 109506 50 Beale Street	<b>Transaction ID:</b> SA11AI.7564
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 217.23
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$16.71
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.19	

<b>C.</b>	Full Name (Last, First, Middle Initial) Troy Ward	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7565
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California employee # 114007	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>783.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Janice Washburn		Date of Receipt
	Mailing Address 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7566
Name of Employer Blue Shield of California		Occupation employee # 115611	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 292.50
		<input type="text"/> 405.00	Payroll contribution per cycle \$22.50

<b>B.</b>	Full Name (Last, First, Middle Initial) Diane Watts		Date of Receipt
	Mailing Address emp 113379, 50 Beale Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7567
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 260.00
		<input type="text"/> 520.00	Payroll contribution per cycle \$20.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Weideman		Date of Receipt
	Mailing Address 114691 50 Beale St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7568
Name of Employer Blue Shield		Occupation employee	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 520.00
		<input type="text"/> 1020.00	Payroll contribution per cycle \$40.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1072.50
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Steven Weiler

Mailing Address emp 11314, 50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield Occupation employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7569

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

**B.** Full Name (Last, First, Middle Initial)  
Bonnie Wells

Mailing Address emp 113298  
50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7570

Amount of Each Receipt this Period 130.00

Payroll contribution per cycle \$10.00

**C.** Full Name (Last, First, Middle Initial)  
Noel Whitman

Mailing Address 50 Beale Street

City State Zip Code  
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C**

Name of Employer Blue Shield of California Occupation employee # 114963

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2007

**Transaction ID:** SA11AI.7572

Amount of Each Receipt this Period 292.50

Payroll contribution per cycle \$22.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► 552.50

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Janet D. Widmann	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address emp 111756 50 Beale Street	<b>Transaction ID:</b> SA11AI.7573
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$20.00
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Fiona M. Wilmot	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address emp 111587 50 Beale Street	<b>Transaction ID:</b> SA11AI.7576
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 247.78
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$19.06
	Name of Employer Occupation Blue Shield of California Employee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.31	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jered Wilson	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Mailing Address 50 Beale Street	<b>Transaction ID:</b> SA11AI.7577
	City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period 292.50
	FEC ID number of contributing federal political committee. C	Payroll contribution per cycle \$22.50
	Name of Employer Occupation Blue Shield of California employee # 115412	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	820.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 57  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Jason Wong  
 Mailing Address emp 112700, 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7582  
 Amount of Each Receipt this Period 130.00  
 Payroll contribution per cycle \$10.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield Occupation employee  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

**B.** Full Name (Last, First, Middle Initial)  
 Amy Yao  
 Mailing Address 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7584  
 Amount of Each Receipt this Period 292.50  
 Payroll contribution per cycle \$22.50  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation employee # 115363  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 562.50

**C.** Full Name (Last, First, Middle Initial)  
 John Yao  
 Mailing Address emp 11926 50 Beale Street  
 City San Francisco State CA Zip Code 94105  
 Date of Receipt 12 / 31 / 2007  
**Transaction ID:** SA11AI.7586  
 Amount of Each Receipt this Period 292.50  
 Payroll contribution per cycle \$22.50  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Shield of California Occupation Senior Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **715.00**  
**TOTAL** This Period (last page this line number only) ..... ► **43933.32**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 57
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COMMITTEE		Date of Receipt
	Mailing Address 2443 Fillmore Street # 333		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94115
	FEC ID number of contributing federal political committee.		<input type="text" value="C00148999"/>
Name of Employer		Occupation	Transaction ID: SA16.7694 Amount of Each Receipt this Period <input type="text" value="2000.00"/> Refund contribution from Committee
Receipt For: 2008		Aggregate Year-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2000.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.7646 Date of Disbursement
	Mailing Address P.O. Box 261060	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.7650 Date of Disbursement
	Mailing Address P.O. Box 261060	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BLUEGRASS COMMITTEE	Transaction ID: SB23.7669 Date of Disbursement
	Mailing Address 400 N Capitol St NW #585 #585	<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BLUEGRASS COMMITTEE	Transaction ID: SB23.7673 Date of Disbursement 08 / 22 / 2007
	Mailing Address 400 N Capitol St NW #585 #585	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Political Contribution	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE	Transaction ID: SB23.7631 Date of Disbursement 11 / 29 / 2007
	Mailing Address 8665 Wilshire Blvd. #220	Amount of Each Disbursement this Period 1000.00
	City Beverly Hills State CA Zip Code 90211	
	Purpose of Disbursement Political Contribution	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) DREIER FOR CONGRESS COMMITTEE	Transaction ID: SB23.7630 Date of Disbursement 11 / 29 / 2007
	Mailing Address P.O. BOX 505	Amount of Each Disbursement this Period 1000.00
	City UPLAND State CA Zip Code 91785	
	Purpose of Disbursement Political Contribution	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.7653

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of Jay Rockefeller

Mailing Address 110-B East Broad Street

City Falls Church State VT Zip Code 22046

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.7679

Date of Disbursement

08 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Jay Rockefeller

Mailing Address 110-B East Broad Street

City Falls Church State VT Zip Code 22046

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.7682

Date of Disbursement

08 / 28 / 2007

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5100.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller	Transaction ID: SB23.7683 Date of Disbursement
	Mailing Address 110-B East Broad Street	<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City Falls Church State VT Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="124.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUEL	Transaction ID: SB23.7659 Date of Disbursement
	Mailing Address P.O. Box 101124	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GLACIER PAC	Transaction ID: SB23.7638 Date of Disbursement
	Mailing Address 818 Connecticut Ave. NW Suite 1100	<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2624.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE POLITICAL ACTION COMMITTEE - MC PAC	Transaction ID: SB23.7657 Date of Disbursement 11 / 12 / 2007
	Mailing Address PO BOX 10134	Amount of Each Disbursement this Period 2500.00
	City BAKERSFIELD State CA Zip Code 93389	
	Purpose of Disbursement Political Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE	Transaction ID: SB23.7661 Date of Disbursement 11 / 05 / 2007
	Mailing Address P.O. Box 3370	Amount of Each Disbursement this Period 1000.00
	City Palm Springs State CA Zip Code 92263	
	Purpose of Disbursement Political Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MCCRERY FOR CONGRESS COMMITTEE	Transaction ID: SB23.7637 Date of Disbursement 11 / 05 / 2007
	Mailing Address Post Office Box 52956 333 Texas Street Suite 1900	Amount of Each Disbursement this Period 1000.00
	City Shreveport State LA Zip Code 71135	
	Purpose of Disbursement Political Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY</p> <p>Mailing Address PO Box 802 -----</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7655</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PAC TO THE FUTURE</p> <p>Mailing Address PMB 3230 268 Bush Street</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7633</p> <p>Date of Disbursement 11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) GEORGE FOR CONGRESS RADANOVICH</p> <p>Mailing Address 1111 J Street</p> <p>City Modesto State CA Zip Code 95354</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name GEORGE FOR CONGRESS RADANOVICH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.7641</p> <p>Date of Disbursement 08 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BLUE SHIELD OF CALIFORNIA POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) RICHARDSON FOR CONGRESS	Transaction ID: SB23.7674 Date of Disbursement 08 / 13 / 2007
	Mailing Address 1212 S VICTORY BLVD	Amount of Each Disbursement this Period 1000.00
	City BURBANK State CA Zip Code 91502	
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS	Transaction ID: SB23.7639 Date of Disbursement 08 / 28 / 2007
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VOTER EDUCATION AND REGISTRATION FUND	Transaction ID: SB23.7667 Date of Disbursement 08 / 22 / 2007
	Mailing Address 555 Capitol Mall Ste. 440	Amount of Each Disbursement this Period 5000.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Voter Registration & Education	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	35724.00